MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8756

CERTIFICATE OF DEATH

08763

Reg. Dist. No. 121

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) ? E. 24th Street 3701-4

3. NAME OF DECEASED (Type or Print): (First) FLORA (Middle) (Last) BARNSTORF

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Nov. 30, 1881

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Heinrich Blohm

14. MOTHER'S MAIDEN NAME: Johanna Diekmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Arthur Blohm 1609 E. North Ave. Baltimore 13 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident (Cerebral Hemorrhage) 6 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c) Hypertensive CVD

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1955, to 9/17, 1955, that I last saw the deceased alive on 9/15, 1955, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eug. O. Zuille M.D. ADDRESS 5226 Baltimore National Bldg DATE SIGNED 9/18/55

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF Sept. 20, 1955

NAME OF CEMETERY OR CREMATORY Greenmount Crematory

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9-20-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS H. SANDER & SONS, INC. Baltimore, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8757

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08764

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City
LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 New Cut Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City X
STREET ADDRESS (If rural give location) 77 New Cut Road

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) WASHINGTON (Last) BENTLEY

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 29, 1955

5. SEX: Male

6. COLOR OR RACE: ~~White~~ C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 7/1/1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Coal Yard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W. Bentley

14. MOTHER'S MAIDEN NAME: Mary Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-07-6824

17. INFORMANT & ADDRESS: ELLICOTT CITY, MD MRS VIOLA SMITH 75 NEW CUT RD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 IMMEDIATE CAUSE (A) Cerebral Hemorrhage — Immediate

ANTECEDENT CAUSE (S) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) — —

DUE TO (C) Arteriosclerotic Cardio-Vascular Disease — 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None —

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1954, to Sept. 29, 1955, that I last saw the deceased alive on Sept. 23, 1955, and that death occurred at 2:15 P M, from the causes and on the date stated above.

SIGNATURE William F. Sessaway M. D. ADDRESS Ellicott City, Md. DATE SIGNED 9/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/2/55 | NAME OF CEMETERY OR CREMATORY Hopkins Chapel | LOCATION (City, town, or county) (State) Highland Howard Co. Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 1, 1955 | REGISTRAR'S SIGNATURE John B. Loughran Per B.E.E. | 24. FUNERAL DIRECTOR Easton Sons ADDRESS Ellicott City, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

08765

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8759

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Folton — LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Simons Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Washington Boulevard

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) S. (Last) Collins
4. DATE OF DEATH: (Month) September (Day) 17 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept 18, 1864
9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: US Govt
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Elijah Collins
14. MOTHER'S MAIDEN NAME: Martha Rahman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Vivian T. Coan, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cerebral hemorrhage — 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cerebral arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1955, to 17 Sept, 1955, that I last saw the deceased alive on 16 Sept, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John R Buell MD — 402 Main St. Laurel Maryland — 17 Sept 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/20/55
NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery
LOCATION (City, town, or county) (State): Laurel Md

DATE REC'D BY LOCAL REG.: Sept 22, 1955
REGISTRAR'S SIGNATURE: Mary G. Whitaker
24. FUNERAL DIRECTOR — ADDRESS: Dewitt Donaldson, Laurel, Md

: 8759

08766
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Laurel Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stockholm Resturant

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel
16-41-2
STREET ADDRESS (If rural, give location) 200 10 th Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) LLOYD (Last) ELLINGER

4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1932

9. AGE last birthday: 23 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Harry Ellinger

14. MOTHER'S MAIDEN NAME: Nora Piner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO.: 216-28-5127

17. INFORMANT & ADDRESS: Harry Ellinger, Gun Powder Rd. Laurel. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound in chest — Instant
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes X No

21a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Rwstaurant

21c. (City or town) Laurel rural (County) Howard (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) 9-16-55 (Hour) 9.30P M.

21e. INJURY OCCURRED While at work ☐ Not while at work X

21f. HOW DID INJURY OCCUR? Gun shot wound in chest during altercation in resturant.

22. I hereby certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide X, Undetermined cause ☐.

SIGNATURE George E Burdett
Ellicott City, Md.
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER X
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 19 55
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) (State) Savage-Howard Co. Md.

DATE RECD BY LOCAL REG 9/19/55
REGISTRAR'S SIGNATURE Frank Shipley,
24. FUNERAL DIRECTOR Robert Randall
ADDRESS Laurel Md

8760

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08767

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Highland Manor Court House

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Y 0 1 - 4
STREET ADDRESS (If rural give location) 2724 Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) - (Last) FOWBLE

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: Dec 15 - 1863
9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret
10B. KIND OF BUSINESS OR INDUSTRY: Hsk.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. J Fowble
14. MOTHER'S MAIDEN NAME: Catherine Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT & ADDRESS: Mrs Annie Ensor - 4004 Groveland Rd, Balto 18

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — APPROX. INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) DUE TO Generalized Arteriosclerosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cachexia

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 19 55 to 9/14, 19 55, that I last saw the deceased alive on 9/7, 19 55, and that death occurred at 6 P.M. from the causes and on the date stated above.
SIGNATURE Wm J Fowble ADDRESS M. D. 5226 Balt. Nat'l Bk Bldg DATE SIGNED 9/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 17/55
NAME OF CEMETERY OR CREMATORY Wesley
LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 19, 1955
REGISTRAR'S SIGNATURE John Laughenour
24. FUNERAL DIRECTOR Edw C Tipton
ADDRESS Hampstead Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08768

8761

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home CHURCH RD - ELLICOTT CITY MD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3 Vol 4
STREET ADDRESS (If rural give location) 5307 St. George Ave

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) (Last) Francis

4. DATE OF DEATH: (Month) SEPT. (Day) 18 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 2/6/1877

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Simon Otto

14. MOTHER'S MAIDEN NAME: Anna Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: J. LLOYD FRANCIS - 5306 KENILWORTH AVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 490X — Pneumonia, Lobar — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Low Serum Proteins — DUE TO

(c) Diabetic Renal Disease (Kimmelstiel Wilson)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus, Diabetic gangrene of area of legs

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 ..., 1955, to 9/18, 1955, that I last saw the deceased alive on 9/16, 1955, and that death occurred at 7 Am .., from the causes and on the date stated above.

SIGNATURE (Degree or title) Virgil Mills M.D. — ADDRESS 5226 Bald Hill Pike — DATE SIGNED 9/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 9-20-55 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem. — LOCATION (City, town, or county) Balto. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9-21-55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Henry N. Jenkins & Son — ADDRESS 4905 York Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8752

CERTIFICATE OF DEATH

08769

193

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard Co Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Elkridge
LENGTH OF STAY (In this place) at Hospital
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Florence Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HIRAM (Middle) C (Last) HAWKINS

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 26 1895

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Own

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Howard Co Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William B Hawkins

14. MOTHER'S MAIDEN NAME: Emma Clagett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 218-14-0945

17. INFORMANT: Mary C Hawkins Elkridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cardiac arrest, Cerebral hemorrhage — Interval Between Onset and Death: 30 Sept 55 to 30 Sept 55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis, mild hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Sept, 1955, to 30 Sept 1955, that I last saw the deceased alive on 30 Sept, 1955, and that death occurred at 9:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Howard E Hall MD — ADDRESS: Elkridge, Md — DATE SIGNED: 1 Oct 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 3 1955 — NAME OF CEMETERY OR CREMATORY: Pine Hill Cemetery — LOCATION (City, town, or county) (State): Howard Co Md

DATE REC'D BY LOCAL REG.: Oct 1, 1955 — REGISTRAR'S SIGNATURE: Catherine Quinn, C. Pearle Mercer — FUNERAL DIRECTOR: Ralph W Barber — ADDRESS: Ellicott City Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08770

8763

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Merriman St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
STREET ADDRESS (If rural, give location) 17 Merriman St. /

3. NAME OF DECEASED (Type or Print): (First) GRAFTON (Middle) RAY (Last) HELM

4. DATE OF DEATH (Month) (Day) (Year): Sept 21, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 13, 1890

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B & O R R

11. BIRTHPLACE (State or foreign country): Ellicott City, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Helm

14. MOTHER'S MAIDEN NAME: Lila Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Roberta Helm, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 331X Cerebral Hemorrhage — Interval Between Onset and Death: 20 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 6-8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Sept. 21, 1955, that I last saw the deceased alive on 11:30 PM, 1955, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert B Taylor MD — ADDRESS Ellicott City Md — DATE SIGNED 9/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-24-55 — NAME OF CEMETERY OR CREMATORY: Mt. View — LOCATION (City, town, or county) (State): Alpha, Md.

DATE REC'D BY LOCAL REG.: Sept 23, 1955 — REGISTRAR'S SIGNATURE: John B. Langhaus. Pro. B. E. L.

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08771

8754

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY HOWARD MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Simpsonville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY HOWARD. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville X; STREET ADDRESS (If rural give location) Route 32 Md.

3. NAME OF DECEASED: (Type or Print) (First) MABLE (Middle) (Last) HOLLAND

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1955

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: SEPT 15, 1896

9. AGE last birthday 59 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. PERRY F JACKSON

14. MOTHER'S MAIDEN NAME. SARAH E JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) y (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. James Holland (Husband) same add

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 mo-9 day

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardio Renal Disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1955 to 9-29-, 19.55 that I last saw the deceased alive on 9-29-, 1955, and that death occurred at 10. P M, from the causes and on the date stated above.

SIGNATURE: M. D. Clif Maloney — ADDRESS 57 Winters Lane Balto 28 — DATE SIGNED 9-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-3-55 — NAME OF CEMETERY OR CREMATORY Hopkins chapel — LOCATION (City, town, or county) (State) Highland, Md.

DATE REC'D BY LOCAL REGISTRAR 10-3-55 — REGISTRAR'S SIGNATURE Mario G. Whitaker

24. FUNERAL DIRECTOR Robert L. Saunders — ADDRESS Rockville, Md

8785 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08772

CERTIFICATE OF DEATH

Reg. Dist. No. 195

Item 8, FilmG186 9-20-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup — LENGTH OF STAY (in this place) 15 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Howard — CITY OR TOWN Jessup — STREET ADDRESS Washington Blvd (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Grover (Middle) Cleveland (Last) Kirk

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Oct. 14-1888 — 9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Postmaster — 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office — 11. BIRTHPLACE (State or foreign country): Catonsville Md — 12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Jacob Kirk — 14. MOTHER'S MAIDEN NAME: Mary E. Bowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Mrs. Dorothy Van Lueven, Ilgatlands, Md. 6570-11 Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Lung, left — Interval Between Onset And Death: 9 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Jan. 55 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma, left lung — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1st, 1955, to Sept. 8th, 1955, that I last saw the deceased alive on 9/8/55 19..... and that death occurred at 12:30 A.M. from the causes and on the date stated above.

SIGNATURE Frank Shirley -- See: Item 23 — (Degree or title) — ADDRESS Savage, Md. — DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 10 1955 — NAME OF CEMETERY OR CREMATORY St Johns Cemetery — LOCATION (City, town, or county) Ellicott City Howard Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/9/55 — REGISTRAR'S SIGNATURE Frank Shirley

24. FUNERAL DIRECTOR Roberts Homes — ADDRESS Laurel, Md.

VS. A15

09832

9756 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information be carefully supplied. Physicians: please write the causes of death clearly and le
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTE

1. NAME OF DECEASED (Type or Print): Joseph Mayer

2. DATE OF DEATH: 9/3/55

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland, Howard County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Manor Nursing Home
C. Length of stay in Baltimore: 90 Days / 74 Yrs. Mos.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2048 E. Fayette St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Widowed	2.	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hematemesis	1 day
DUE TO (B)	Peptic Gastric Carcinoma	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20. AUTOPSY? YES ☐ NO ☐
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 28 1955 to Sept. 3 1955, that (I) (we) last saw the deceased alive on Sept. 1 1955, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Clay J. Linell M.D.
ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
23B. ADDRESS: 5326 Balt Nat. Pike
23C. DATE SIGNED: 9/3/55

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: SEP 5 1955
24C. NAME OF CEMETERY OR CREMATORY: Y[illegible]
24D. LOCATION (City, town, or county) (State): [illegible] Md.

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: John Langhenry, Jr.
25. FUNERAL DIRECTOR: ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8757

08773

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Clarksville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville X; STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jacob	Winfield	Parlette	Sept. 3 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	May 24, 1905	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Owner	Farming	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Winfield Scott Parlette	Annie S. Gambrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	216-14-3991	Ruth Parlette, Clarksville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/26, 1946 to 9/3, 1955, that I last saw the deceased alive on 9/2/55, 19..., and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker M.D.	Clarksville, Md.	9/5/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-6-55	Mt. Zion	Highland, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9-5-55	Marie A. Whitaker	F.C. Higinbothom, Ellicott City, Md

8768

08774

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 1926

Item 18 [illegible] 9-[illegible]-55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - West Friendship
LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Rural West Friendship
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Alonzo (Middle) W. (Last) PENN

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 19 55

5. SEX: W M

6. COLOR OR RACE: W M

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 12-30-1885

9. AGE last birthday: 69 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Home Building

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tobias Penn

14. MOTHER'S MAIDEN NAME: Isabelle Rickard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Mary Belle Penn West Friendship Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
4321 Immediate cause	(a)	Arteriosclerotic cardiovascular disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: R. T. Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 9-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-13-55

NAME OF CEMETERY OR CREMATORY: Providence

LOCATION (City, town, or county) (State): Elkridge, Howard, Md.

DATE REC'D BY LOCAL REG.: Sept 12 1955

REGISTRAR'S SIGNATURE: Alice M Heib

24. FUNERAL DIRECTOR ADDRESS: Smith & Sons - Elkridge, Md.

8769

08775

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 179

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 6 miles west of Ellicott City

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pittsburgh
STREET ADDRESS (If rural, give location) 4 Minnesota Ave.

3. NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) NORMAN (Last) PROHINSKY
4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1902	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
C I O	Union	Unknown Pennsylvania	U.S.A.

13. FATHER'S NAME: Andrew Prohinsky
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	?	N.M.Prohinsky, 5901 Sunset Ave. Balto. 7 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 3rd degree burns entire body	Instant
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) (County) (State) Ellicott City (rural) Howard Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 6, 1955 5 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Head on Collision two cars-Deceased car burned.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf M.D. Ellicott City, Md.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Sept. 6, 1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-7-55	Pittsburgh, Pa	Pittsburgh, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 7, 1955	Alice M. Hebb	F.C. Higinbothem	Ellicott City, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

8770

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08776

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 120 W. Lanvale St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Bradley (Last) Reiley

4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-15-1857

9. AGE last birthday 97 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James McKendree Reiley

14. MOTHER'S MAIDEN NAME: Margaret Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 4 — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs. Margaret C. Stevenson 2733 N. Charles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Lobar Pneumonia — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 19 55, to 9/2, 19 55, that I last saw the deceased alive on 9/1, 19 55, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Chas J. Miller M.D. — ADDRESS 5226 Belair Road Balto — DATE SIGNED 9/2/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Sept. 5 1955	Green Mount	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-2-55	[signature]	John O. Mitchell & Sons	1900 Eutaw Pl.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9771

08777

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X E. Bridge Rural
LENGTH OF STAY (in this place) 3 yrs 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 104 Route 4 Rockburn Mill

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Ridge Rural X
STREET ADDRESS R.F.D. 4 (If rural give location) Box 104 Rockburn Mill

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) M (Last) Gilbert

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 13 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas C. Finley

14. MOTHER'S MAIDEN NAME: Emma E. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Dora [illegible] 94 Box [illegible] Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 334X Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hardening of Arteries 3 yrs DUE TO

(c) General Arteriosclerosis

Interval Between Onset And Death 15 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Homeplegia July 1952

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19 53, to Sept 19 53, that I last saw the deceased alive on Sept 19 53, and that death occurred at 12 30, from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh ADDRESS 360 Main St Ellicott City Md DATE SIGNED 9/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/22/53 NAME OF CEMETERY OR CREMATORY Loudon Park Cem. LOCATION (City, town, or county) (State) 3701 Frederick Ave

DATE REC'D BY LOCAL REGISTRAR 9-20-53 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR John J. Cowan & Son ADDRESS 2 Follins

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08778

8772

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City. — LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer's Conv. Retreat.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 3501 Seven Mile Lane

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) R. (Last) Smith.

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.

8. DATE OF BIRTH: June 13, 1875

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist.

10b. KIND OF BUSINESS OR INDUSTRY: Die Making.

11. BIRTHPLACE (State or foreign country): Providence, R.I.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 180-09-4176

17. INFORMANT AND ADDRESS: Shaffer Conv. Retreat, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 55, to Sept. 8, 19 55, that I last saw the deceased alive on Sept 7, 19 55, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jean G. Korbman, MD — ADDRESS 1037 N. Calvert St — DATE SIGNED 9/8/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Sept. 11, 1955 — NAME OF CEMETERY OR CREMATORY New Freedom Cemetery — LOCATION (City, town, or county) (State) New Freedom, York Co. Pa.

DATE REC'D BY LOCAL REG. Sept 9, 55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR — ADDRESS Jacob Farkenstein, New Freedom, Pa.

8773

08779

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 5M

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Simpsonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) IRVING (Middle) H (Last) VOLCKMAN

4. DATE OF DEATH (Month) Sept. 13 (Day) (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	5-4-1895	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Owner	Farming	Baltimore, Md.	

13. FATHER'S NAME: Charles F. W. Volckman

14. MOTHER'S MAIDEN NAME: Minnie Priesterjohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes WW 1	None	Charles W. Volckman, Simpsonville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Strangulation by hanging	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY At home	21c. (City or town) Simpsonville	(County) Howard	(State) Md

21d. TIME OF INJUR (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Sept. 13, 1955 7.30 PM		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgdorf M. D.
Ellicott City, Md.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-13-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-16-55	St. Paul	Fulton, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 15, 1955	Marie G. Whitaker	F. C. Higinbothom	Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08780

8774

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL) Elkridge Rural
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 27 R.7 P.4 Lawyers Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lawyers Hill P.O. Elkridge (Rural)
STREET ADDRESS (If rural give location) Box 23 R.7 P.4

3. NAME OF DECEASED: (First) Charles (Middle) Andrew (Last) Waltz
4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Feb 7 1877
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant
10B. KIND OF BUSINESS OR INDUSTRY: B&O R.R.
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Waltz
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 205-05-2507
17. INFORMANT & ADDRESS: Mrs Mamie Waltz Box 23, R.7 P.4 Elkridge 27 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
410X IMMEDIATE CAUSE	(A) Acute Dilatation of Heart	1 Min
ANTECEDENT CAUSE (S)	DUE TO (B) Mitral Insufficiency & Chronic Myocarditis	9 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Senility	6 mos
	General Arteriosclerosis	3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Shock from Minor Fall 9/8/55

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954 to Sept 14, 1955, that I last saw the deceased alive on 9/03/55, and that death occurred at 12 1/4 P. M, from the causes and on the date stated above.
SIGNATURE Dr. R. Trumbauer M.D. ADDRESS 3609 Main St Elkridge 27 Md DATE SIGNED 9/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept. 17, 1955
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 16, 1955
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR Joseph L. Ambrose ADDRESS 1328 Lafayette Ave

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING